



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

July 9, 2010

Lawrence Howell
Rite of Passage
2560 Business Parkway, Suite B
Minden, NV 89423

**SUBJECT: OUT-OF-STATE RE-CERTIFICATION
RITE OF PASSAGE QUALIFYING HOUSE #4**

Dear Mr. Howell:

Subject: CDSS RECERTIFICATION

Pursuant to California Family Code Section 7911 et al., this is official notification that certification by the California Department of Social Services (CDSS) for Rite of Passage Qualifying House #4 (Job House) is continued through July 2011.

Certification will continue to be reviewed annually. The Out-of-State Certification Unit will continue to follow the Department's policy, which authorizes us to inspect facilities with or without appointment.

Thank you for your cooperation during the recertification process this year. If you have any questions, please contact me at (916) 838-5751.

Sincerely,

CAROL LANCASTER, Certification Analyst

c: Rosalind Hyde, Manager and Deputy Compact Administrator, CDSS Division of Children and Family Services, Out-of-State Placement and Policy Unit

JUL-09-2010 11:38

CDSS-CCLD-COB

516 323 8052

P.007

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 19-30
SACRAMENTO, CA 95814**FACILITY EVALUATION REPORT**

| | |
|---|-----------------------------------|
| FACILITY NAME: RITE OF PASSAGE Q HOUSE #4 | FACILITY NUMBER: 602300005 |
| ADMINISTRATOR: RON WESTPHAL <i>Peter Woods</i> | FACILITY TYPE: 731 |
| ADDRESS: 2702 EAST VALLEY ROAD | TELEPHONE: (775) 287-9411 |
| CITY: MINDEN | ZIP CODE: 89423 |
| CAPACITY: 8 | DATE: 08/29/2010 |
| TYPE OF VISIT: Case Management | TIME BEGAN: 09:15 AM |
| MET WITH: Peter Woods | TIME COMPLETED: 01:00 PM |
| STATE: NV | |
| CENSUS: 5 | |
| UNANNOUNCED | |

NARRATIVE**1 PURPOSE OF VISIT**

2
3 As mandated by California law, this on-site visit and review was conducted by the undersigned analyst on
4 June 29, 2010 for the purpose of re-certification. This is an annual visit to evaluate that the facility continues
5 to:

- 6 • have adequate and appropriate resources to provide safe, suitable 24-hour residential care; supervision,
7 education and treatment services for the clients served.
- 8 • remain in substantial compliance with California licensing standards which govern the operation of
9 children's group homes, as well as operating and remaining in good standing with licensing authorities in
10 the state of Nevada which is where the facility is located.

12 CLIENTS IN CARE

13
14 The facility is licensed/certified to provide residential care and treatment to eight male adolescents, ages
15 13-18. At the time of visit, the census was five. No California youth were in placement. All youth were
16 Nevada placements.

18 NV LICENSING INFORMATION

19
20 As part of this re-certification review, this analyst collected the most recent license and licensing report issued
21 by the State of Nevada, Division of Child and Family Services. The most recent: Group Foster Home license
22 (No. GF 473-924-01,) was issued July 1, 2010 and is good through June 30, 2011. The reissuance of this
23 license was based on a recent onsite licensing evaluation conducted by a Nevada licensing analyst on June
24 23, 2010. The report issued in conjunction with that visit reflected no areas of non-compliance.
25

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/08/2010

Carol Lancaster

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/08/2010

[Signature]

This report must be available at Child Care and Group Home facilities for public review for 3 years.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISIONCCLD Regional Office, 744 P STREET, MS 18-88
SACRAMENTO, CA 95814**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** RITE OF PASSAGE Q HOUSE #4**FACILITY NUMBER:** 602300005**VISIT DATE:** 06/29/2010**NARRATIVE****FIRE CLEARANCE:**

A fire re-inspection was last performed at the group home on October 15, 2008 by a Minden, NV based private inspection company. Their report reflected the facility was in compliance with Nevada fire standards.

SCOPE OF RE-CERTIFICATION REVIEW:

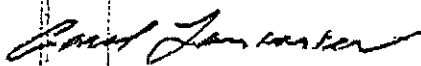
- Entrance interview and tour of home conducted with Administrator Peter Woods.
- Collection of updated and current organizational, staffing and program information material.
- Medications, knives and toxic household supplies were locked for safekeeping.
- Adequate first aid supplies verified.
- Adequate food and household supplies were verified.
- Facility sketches illustrating emergency exit routes were observed to be posted.
- Smoke detectors and fire extinguishers checked.
- Exit interview.

FINDINGS:

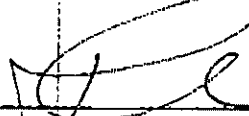
The facility was found to be clean, safe, sanitary and in good repair. Facility programming, oversight and staffing appears satisfactory.

CERTIFICATION DECISION:

Re-Certify.

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/08/2010

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/08/2010